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APPLICANTS

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**** CONTINUING DATA *******

This application is a CON of 08/824,041 03/26/1997 PAT 6,350,784
 which is a CIP of 08/646,988 05/08/1996 PAT 6,355,684
 which is a CIP of 08/600,217 02/12/1996 PAT 6,348,503

**** FOREIGN APPLICATIONS *******

IF REQUIRED, FOREIGN FILING LICENSE GRANTED **** SMALL ENTITY ****
**** 04/23/2002**

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY IL	SHEETS DRAWING 0	TOTAL CLAIMS 34	INDEPENDENT CLAIMS 5
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Verified and Acknowledged
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TITLE
 ANTIMICROBIAL PREVENTION AND TREATMENT OF HUMAN IMMUNODEFICIENCY VIRUS AND OTHER
 INFECTIOUS DISEASES

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
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RECEIVED 645	No. _____ for following:	<table border="1"><tr><td data-bbox="1023 155 1461 205"><input type="checkbox"/> 1.18 Fees (Issue)</td></tr><tr><td data-bbox="1023 205 1461 256"><input type="checkbox"/> Other _____</td></tr><tr><td data-bbox="1023 256 1461 306"><input type="checkbox"/> Credit</td></tr></table>	<input type="checkbox"/> 1.18 Fees (Issue)	<input type="checkbox"/> Other _____	<input type="checkbox"/> Credit
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